


Issue Classification

Melody M. Burch 8/18/04
Melody M. Burch 8/18/04
(Assistant Examiner) (Date)


MATTHEW C. GRAHAM
PRIMARY EXAMINER
GROUP 310
 (Print) _____ (Date) _____

Total Claims Allowed: 7	
O.G. Print Claim(s)	O.G. Print Fig.
1	2B, 5

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original			
	1			31			61			151			181
	2			32			62			152			182
	3			33	1	63		91		121			183
	4			34	2	64		92		122			184
	5			35	5	65		93		123			185
	6			36	7	66		94		124			186
	7			37	4	67		95		125			187
	8			38	3	68		96		126			188
	9			39	6	69		97		127			189
	10			40		70		98		128			190
	11			41		71		99		129			191
	12			42		72		100		130			192
	13			43		73		101		131			193
	14			44		74		102		132			194
	15			45		75		103		133			195
	16			46		76		104		134			196
	17			47		77		105		135			197
	18			48		78		106		136			198
	19			49		79		107		137			199
	20			50		80		108		138			200
	21			51		81		109		139			201
	22			52		82		110		140			202
	23			53		83		111		141			203
	24			54		84		112		142			204
	25			55		85		113		143			205
	26			56		86		114		144			206
	27			57		87		115		145			207
	28			58		88		116		146			208
	29			59		89		117		147			209
	30			60		90		118		148			210
								119		149			
								120		150			